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OCT 24 2005

PTO-85

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270 7590 08/19/2005

HOWSON AND HOWSON
 ONE SPRING HOUSE CORPORATION CENTER
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 SPRING HOUSE, PA 19477

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Melody Marsden
 (Depositor's name)
Melody Marsden
 (Signature)
 10/21/05
 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/684,024	10/10/2003	Michael S. Coulton	BOI18USA	3172

TITLE OF INVENTION: ROOF RIDGE VENT

10/25/2005 DEMMANU2 00000014 10684024

01 FC:2501 700.00 OP
 02 FC:1504 300.00 OP
 03 FC:8001 3.00 OP

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$1000	11/21/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
JOYCE, HAROLD	3749	454-365000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Howson and Howson
 2 _____
 3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Benjamin Obdyke, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Horsham, Pennsylvania USA

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies 1

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A check in the amount of the fee(s) is enclosed.
 Payment by credit card. Form PTO-2038 is attached.
 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 08-3040 (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature William Bak

Date 10/21/2005

Typed or printed name William Bak

Registration No. 37,277

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